

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
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5		2		1		
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9		2		1		
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11		①		1		
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TOTAL IND.		↓	2	↓		↓
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TOTAL CLAIMS			25			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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TOTAL DEP.		↓		↓		↓		↓		↓		↓
TOTAL CLAIMS												